

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State/Territory: MINNESOTA

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60 x The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

~~EPSDT providers must be certified under State rule. Methods employed to assure the providers' compliance with their agreements are the same as those used for providers' compliance of other Medical Assistance services. In addition, as required under federal quality assurance provisions for HMO contracts, an independent, contracted audit is performed on randomly selected charts for all Medical Assistance enrolled children enrollees in managed care. Each chart is reviewed for adequacy of provision of well-baby and well-childcare, using the American Academy of Pediatrics standards, for three age groupings: 0-12 months, 1-4 years and 5-11 years. Immunization status, hearing and vision checks are among the specific items listed. Providers must submit encounter data and referral information. The Department monitors claims data from all providers for completion of EPSDT services. Results are compared to national norms.~~

42 CFR 440.240 (a)(10) Comparability of Services
and 440.250

1902(a) and 1902(a)(10),
1902(a)(52), 1903(v),
1915(g), and 1925(b)(4)
of the Act

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and the section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.

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State/Territory: MINNESOTA(a) (10) Comparability of Services (continued)

- x (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate pregnancy are equal for categorically and medically needy.

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Citation

4.4 Medicaid Eligibility Quality Control

42 CFR 431.800(a)
50 FR 21839
1903(u)(1)(D) of the Act,
P.L. 99-509 (Section
9407)

(a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.

(b) The State operates a claims processing assessment system that meets the requirements of ~~431.800(e), (g), (h) and (k)~~ 42 CFR 431.830-431.836.

☐ Yes.

☒ Not applicable. The State has an approved Medicaid Management Information System (MMIS).

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Revision: HCFA-AT-80-38 (BPP)
January 1, 1986

State: MINNESOTA

Citation

42 CFR 431.610
AT-78-90, AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria religious nonmedical health care institutions) that provide services to Medicaid recipients. This agency is: MINNESOTA DEPARTMENT OF HEALTH.
- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): MINNESOTA DEPARTMENT OF HUMAN SERVICES.
- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

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Citation

4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

42 CFR 431.107

- (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, ~~Subparts A and B~~ (if applicable) are met.

42 CFR Part 483, 1919
of the Act

- (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.

42 CFR Part 483,
Subpart ~~D~~ I

- (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart ~~D~~ I are also met.

Section 1920 of the Act

- (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care for pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.

x Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

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Revision: HCFA-PM-85-3 (BERC)
July 1985

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State: MINNESOTA

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

- ☐ Utilization and medical review are performed by a Utilization and Quality Control-Peer Review Organization designated under 42 CFR Part ~~462~~ 475 that has a contract with the agency to perform those reviews.
- ☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:
 - ☐ all hospitals (other than mental hospitals).
 - ☐ those specified in the waiver.
- ☒ No waivers have been granted.

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July 1985

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State: MINNESOTA

Citation
42 CFR 456.2
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

- ☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part ~~462~~ 475 that has a contract with the agency to perform those reviews.
- ☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:
 - ☐ all mental hospitals.
 - ☐ those specified in the waiver.
- ☒ No waivers have been granted.

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December 1991

State/Territory: MINNESOTA

Citation

4.14 Utilization/Quality Control (continued)

1902(a)(30)
and 1902(d) of
the Act,
P.L. 99-509
(Section 9431),
P.L. 99-203
(Section 4113)

(f) The Medicaid agency meets the requirements of section 1902(a)(30) ~~of section 1902(a)(30)~~ of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

___ A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part ~~462~~ 475 that has a contract with the agency to perform those reviews.

___ A private accreditation body.

x An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

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August 1987

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State/Territory: MINNESOTA

Citation 4.19(d)

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

- ☒ (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for ~~skilled~~ nursing facility and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for ~~skilled~~ nursing facility and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine ~~skilled~~ nursing facility services furnished by a swing-bed hospital. Swing-bed hospitals are also subject to State statute limitations:

- ☒ At the average rate per patient day paid to ~~SNPs~~ nursing facilities for routine services furnished during the previous calendar year.
- ☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.
- ☐ Not applicable. The agency does not provide payment for ~~SNP~~ nursing facility services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

- ☐ At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.
- ☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.
- ☒ Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- ☐ (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

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March 1987

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State/Territory: MINNESOTA

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19(f)

The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR ~~431.55(g)~~ and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing charge.

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TN No. 87-22, 83-25, 79-26

Revision: HCFA-PM-94-1 (MB)
February 1994

State: MINNESOTA

Citation 4.22 Third Party Liability

42 CFR 433.137 (a) The Medicaid agency meets all the requirements of:

- (1) 42 CFR 433.138 and 433.139.
- (2) 42 CFR 433.145 through 433.148.
- (3) 42 CFR 433.151 through 43.154.
- (4) Sections 1902(a)(25)(G) and (H) of the Act.

1902(a)(25)(G) and (H)
of the Act

42 CFR 433.138(f) (b) ATTACHMENT 4.22-A -

- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;
- (2) Describes the methods the agency uses for meeting the follow up requirements contained in §433.138(g)(1)(i) and (g)(2)(i);
- (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources; and
- (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collection and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources.

42 CFR 433.138(g)(1)(ii)
and (2)(ii)

42 CFR 433.138(g)(3)(i)
and (iii)

42 CFR 433.138(g)(4)(i)
through (iii)

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TN No. 94-15, 90-10

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Revision: HCFA-PM-94-1 (MB)
February 1995

State: MINNESOTA

Citation

42 CFR 433.139(b)(3)(ii)(A) ____ (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

(d) ATTACHMENT 4.22-B specifies the following:

42 CFR 433.139(b)(3)(ii)(C) (1) The methods used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).

42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.

42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.

42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restriction specified in 42 CFR 447.20.

~~(f)~~ (1) Third Party Limitations:

Because the State has resolved its claims in connection with In re Factor VIII or IX Concentrate Blood Products Litigation, MDL-986M Bi, 93-C7452 (N.D. Ill) (consolidated under Case No. 96-C5024), the State will not subject a settlement payment under this case to (by subrogation or otherwise) third party liability for medical assistance benefits correctly paid on behalf of a member of the settlement class.

P.L. 105-369

A payment under the Ricky Ray Hemophilia Relief Fund Act of 1998 is not (by subrogation or otherwise) treated as a third party payment nor is such payment subject to recovery, recoupment, reimbursement, or collection with respect to medical assistance benefits correctly received.

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TN No. 00-12, 94-15

Revision: July 1, 1989

State: MINNESOTA

Citation
42 CFR 431.702
AT-78-90
1919(d)(1)(C)
1919(e)(4)
1919(f)(4)

4.25 Nursing Facility Administrator Standards

The State has a program that, except with respect to ~~Christian Science sanatoria~~ religious nonmedical health care institutions, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

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January 1993

State: MINNESOTA

Citation

4.28 Appeals Process

42 CFR 431.152;
AT-79-18
52 FR 22444; Secs.
1902(a)(28)(D)(i) and
1919(e)(7) of the Act;
P.L. 100-203 (Sec. 4211(c))
P.L. 104-315 (Secs. 1(a)(1))
& (2))

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and ~~annual~~ resident review requirements of 42 CFR 483 Subpart C.

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TN No. 93-20, 88-78

Revision: HCFA-PM-985-4 HSQB)
June 1995

State: MINNESOTA

Citation 4.35 Enforcement of Compliance for Nursing Facilities

42 CFR §488.402(f) (a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR §488.402(f) (2).

(i) The notice (except for civil money penalties and State monitoring) specifies the:

- (1) nature of noncompliance,
- (2) which remedy is imposed,
- (3) effective date of the remedy, and
- (4) right to appeal the determination leading to the remedy.

42 CFR §488.434

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR §488.434.

42 CFR §488.402(f) ~~(2)~~
(3), (4)

(iii) Except for civil money penalties and State monitoring, notice is given at least two calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

42 CFR §488.456(c), (d)

(iv) Notification of termination is given to the facility and to the public at least two calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.

(b) Factors to be Considered in Selecting Facilities

42 CFR §488.404(b) (1)

(i) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR §488.404(b) (1) & (2).

— The State considers additional factors. Attachment 4.35-A describes the State's other factors.

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January 1993

State: MINNESOTA

Citation

4.39 Preadmission Screening and ~~Annual~~ Resident Review in Nursing Facilities

Sections 1902(a)(28)(D)(i) and 1919(e)(7) of the Act;
P.L. 100-203 (Sec. 4211(c));
P.L. 101-508 (Sec. 4801(b));
P.L. 104-315, (Secs. 1(a)(1) & (2))

- (a) The Medicaid agency is the same agency as the State mental health and mental retardation authority.
- (b) The State operates a preadmission and ~~annual~~ resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or ~~annual~~ resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State Plan" the cost of NF services to individuals who are found not to require NF services.
- x (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: MINNESOTA

Citation

42 CFR 433.34 ~~(b)~~
AT-79-29

6.2 Cost Allocation

The Medicaid agency meets the requirements of
42 CFR 433.34, ~~paragraphs (c) through (e)~~ with
respect to the submittal and content of a cost
allocation plan.

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